

2011

Military Health System

C O N F E R E N C E

Gaylord National® Hotel
& Convention Center
National Harbor, Maryland

January 24 - 27, 2011

Program Guide



*The Quadruple Aim:
Working Together, Achieving Success*

Convention Center



KEY

- Elevators
- Restrooms
- Phones
- Smoking

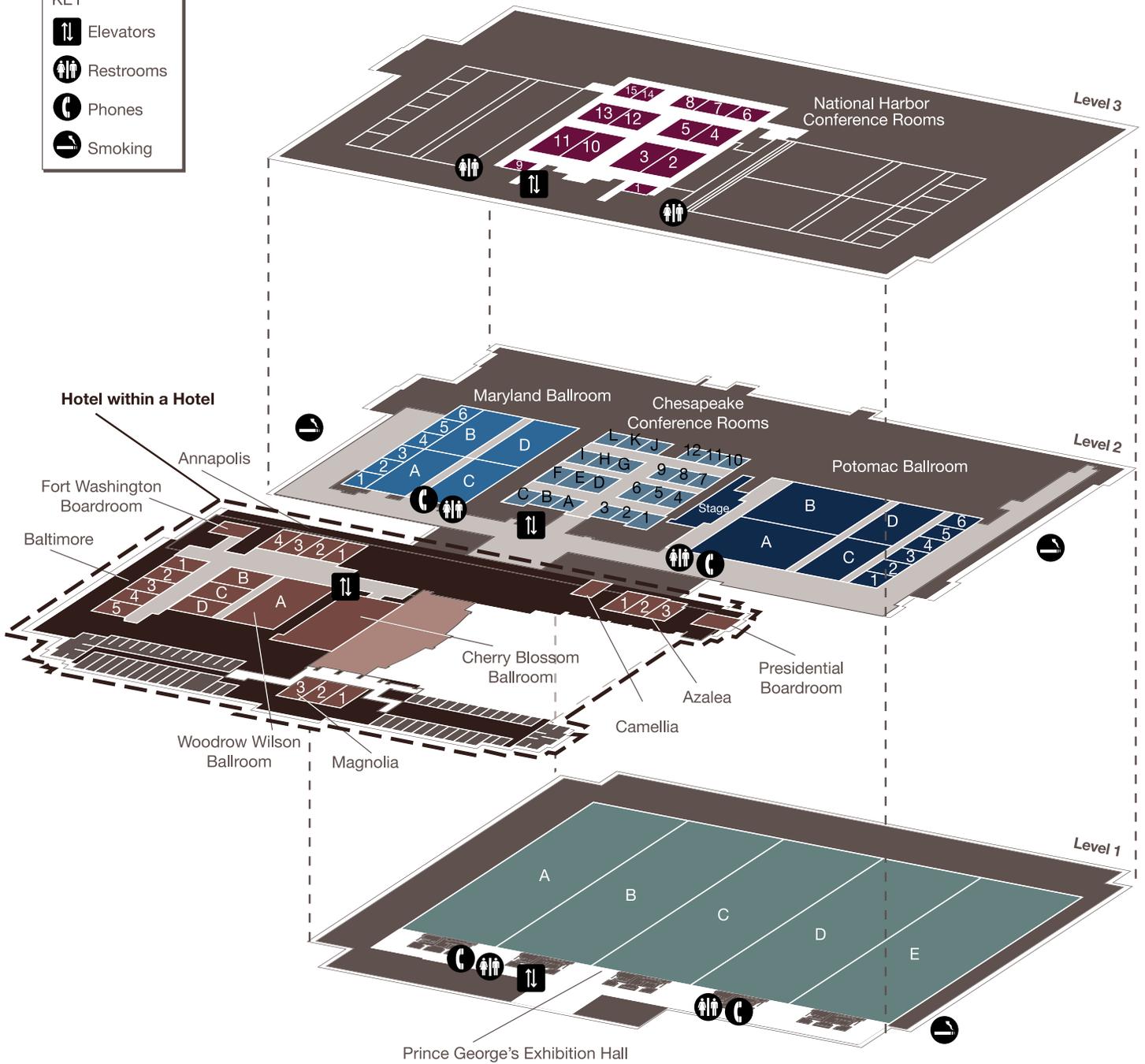


Table of Contents

www.health.mil

Welcome Letter.....	2
Conference Purpose and Objectives.....	3
General Conference Information.....	4 - 5
MHS Executive Leadership.....	6 - 11
Awards.....	12
Healthcare Innovations Program (HIP) Winning Abstracts.....	13
Accreditation Statements.....	14 - 15
Track Descriptions.....	16 - 17
Program.....	18 - 33
Notes.....	34 - 37



Welcome Letter

From: Brig. Gen. Jonathan Woodson, MD, Assistant Secretary of Defense for Health Affairs



Dear Conference Attendees,

Welcome to the 2011 Military Health System (MHS) Conference! I am proud to be serving as the Assistant Secretary of Defense (Health Affairs) and as the host for this year's gathering.

As we start the week, I am only beginning my third week as the ASD(HA), and I will be eager to attend many of the same sessions as you.

I view this week as a tremendous learning opportunity for all of us — to better understand the environment in which we operate.

And, within the Military Health System, we must understand many environments — the military environment, the federal government environment, the national health care environment and the international security environment. The most important one, however, is the combat environment...the one where many of you have spent considerable time, performing daily acts of heroism and selflessness.

We are a national leader in medicine, the international leader in combat care, and the only country who can deploy significant medical capability to any part of the world on a moment's notice in response to threats, natural disasters, and other humanitarian crises. This conference brings us experts, both internal and external, who understand how the MHS connects with the world — how the MHS informs and is informed by the broader medical community in the United States.

For the past two years, the MHS has used the concept of the Quadruple Aim as a construct to determine our strategy, set our priorities, set our goals and metrics, and then measure how we did. Having spent many years of my life in Boston, I am well acquainted with the foundation of the MHS' Quadruple Aim — and I believe it serves as an immensely helpful guide to the MHS Strategic Plan.

This is a week for learning, for sharing our knowledge with each other, for renewing our commitment to the formidable challenges we continue to face. I look forward to our work together, this week and in the months and years ahead.

Jonathan Woodson, MD

Conference Purpose And Objectives

2011 Military Health System Conference

The Quadruple Aim: Working Together, Achieving Success

Jan. 24 – 27, 2011

Place

Gaylord National® Hotel & Convention Center
201 Waterfront Street, National Harbor, MD 20745

Purpose

The 2011 Military Health System (MHS) Conference will provide a platform for health care professionals to share knowledge and best practices. The overall conference focus will be on achieving The Quadruple Aim Performance Goals: medical readiness, experience of care, population health and per capita cost of care. We intend to harness the power of 130,000 health care professionals working together across the globe to implement our strategy in a coherent manner.

Outcome Objectives

By attending this conference, each participant will learn the MHS priorities, how those priorities align with service medical department priorities and how success will be measured. Conferees will learn mission specific content and will have the opportunity to make contacts and network with experts in their areas so that they can return to their workplace and immediately begin to apply lessons learned and improve Quadruple Aim performance. A secondary objective is to promote professionalism across the force, enhance partnerships inside and outside the federal sector, and focus on ways to best serve the preventive and health care needs of the military's diverse beneficiary population.

Target Audience

Primary: MHS Staff

- MTF Personnel
 - Clinical
 - Operations
- MHS Personnel not working in MTFs
 - Deployed personnel
 - Personnel assigned to activities other than MTFs

Secondary: External Stakeholders

- Line Leaders (COCOMs, Commanders, Service Members)
- MHS Beneficiaries (including associations)
- Investors (DoD Leadership, Congress)

Secondary: Partners

- Veterans Administration (VA)
- Managed Care Support Contractors (MCSC)
- Health & Human Services (HHS)
- Center for Medicare & Medicaid Services (CMS)

General Conference Information

Local Information

The Gaylord National Hotel & Convention Center is just minutes outside of Washington, D.C. The Gaylord National is a first-class destination that provides fun for everyone, including fine dining and casual restaurants, unique shopping experiences, an indoor pool and a 20,000-square-foot spa and fitness center.

The National Harbor is a destination in itself with more than 20 different restaurants, shopping, entertainment venues and much more. Please visit www.nationalharbor.com for more information, including details on a water taxi to take you to Old Town Alexandria, Virginia.

Hotel Health Club Facility

The Gaylord National Hotel health club facility is equipped with an all-season pool and 24-hour fitness center. The health club is located on the lower atrium level and available only to hotel guests.

Registration Hours of Operation

At registration, attendees receive a conference badge which they will be required to wear at all times for admission to conference events. Security guards and room monitors will not permit room admission without the badge.

Sunday, Jan. 23, 2011 1:00 p.m. – 6:00 p.m.
Monday, Jan. 24, 2011 6:00 a.m. – 5:30 p.m.
Tuesday, Jan. 25, 2011..... 6:30 a.m. – 5:30 p.m.
Wednesday, Jan. 26, 2011 6:30 a.m. – 5:30 p.m.
Thursday, Jan. 27, 2011..... 6:30 a.m. – 10:00 a.m.

Designated Attire

- Army: ACUs
- Navy: SDBs on Opening Day and Service Khakis for the remainder of the conference
- Air Force: Class A/Service Dress uniform
- Civilian: Business Attire

The 2011 MHS Conference and the Gaylord National Hotel & Convention Center property are designated “no hat, no salute” areas. In all other locations, military members are expected to wear appropriate head gear and render salutes while in uniform.

Complimentary Transportation – Shuttle Bus Schedule

Shuttles will be running every 20 minutes throughout the conference from the Huntington Metro station (on the yellow line) to the Gaylord National Hotel. Please see the following shuttle schedule:

Monday, Jan. 24, 2011 5:30 a.m. – 7:30 p.m.
Tuesday, Jan. 25, 2011..... 6:30 a.m. – 7:30 p.m.
Wednesday, Jan. 26, 2011 6:30 a.m. – 7:30 p.m.
Thursday, Jan. 27, 2011..... 6:30 a.m. – 4:30 p.m.

In addition to the MHS Conference shuttle, attendees may utilize the NH1 Metro bus that runs from the Branch Avenue Metro station on the green line to the Gaylord National every day from 5:55 a.m. – 10:35 p.m.

Continuing Education Credits

At registration, attendees will receive a conference badge that they will be required to wear at all times for admission to conference events. All continuing education credits will be tracked electronically through the barcode on your badge. Please be sure to scan your badge when you enter a breakout session. The scanning device will send your attendance data to the CEU Management program.

Attendees will be able to finalize their credits by completing evaluations for each session. Please complete these each morning following your attendance to a session. At the end of the conference you will be able to print or e-mail your credits after you have completed all evaluations. Evaluation kiosks are available to you during the conference and will be located near registration. You may also complete evaluations via the Web at: www.health.mil/2011mhsconference.aspx.

Credits are only available for 30 days after the conference. The Web site will close on Feb. 28, 2011.

CEU Evaluation Kiosk Hours

Sunday, Jan. 23, 2011 1:00 p.m. – 6:00 p.m.
Monday, Jan. 24, 2011 6:00 a.m. – 5:30 p.m.
Tuesday, Jan. 25, 2011..... 6:30 a.m. – 5:30 p.m.
Wednesday, Jan. 26, 2011 6:30 a.m. – 5:30 p.m.
Thursday, Jan. 27, 2011..... 6:30 a.m. – 4:00 p.m.

General Conference Information

Conference Exhibits

More than 200 companies, organizations and government agencies will display their products and services in the Prince George's C, D & E Exhibit Halls. Hours of operation for the Exhibit Hall are:

Tuesday, Jan. 25, 2011..... 9:30 a.m. – 1:00 p.m.
2:30 p.m. – 4:30 p.m.
Wednesday, Jan. 26, 2011..... 9:30 a.m. – 1:00 p.m.

Many exhibit booths will be equipped with scan devices to capture your contact information by scanning the barcode on your badge. Doing so will provide vendors with your contact information for business purposes. You are not required to allow them to scan your badge.

Poster Exhibits

The MHS poster exhibits showcase the exciting work being done across the MHS. The poster exhibits are on display Tuesday and Wednesday in the Prince George's C, D & E Exhibit Halls.

Media Center

Members of the media interested in attending the conference or interested in requesting an interview will need to check in at the Media Center, located in the Azalea 3 room. All media will need to check in and out of the center on a daily basis. The Media Center is open:

Monday, Jan. 24, 2011 7:00 a.m. – 5:00 p.m.
Tuesday, Jan. 25, 2011..... 7:30 a.m. – 5:00 p.m.
Wednesday, Jan. 26, 2011..... 7:30 a.m. – 5:00 p.m.
Thursday, Jan. 27, 2011..... 7:30 a.m. – 12:00 noon

Speaker Presentations

Plenary sessions will be available online via Webcasting. The 2011 MHS Conference breakout presentations will be posted on the conference Web page after the close of the conference, www.health.mil/2011mhsconference.aspx.

Speaker Ready Room

All speakers must check into the speaker ready room located in National Harbor 9. The speaker ready room is available:

Sunday, Jan. 23, 2011 1:00 p.m. – 6:00 p.m.
Monday, Jan. 24, 2011 7:00 a.m. – 5:00 p.m.
Tuesday, Jan. 25, 2011..... 7:00 a.m. – 5:00 p.m.
Wednesday, Jan. 26, 2011 7:00 a.m. – 5:00 p.m.
Thursday, Jan. 27, 2011..... 7:00 a.m. – 10:30 a.m.

Lost and Found

Lost and found items will be taken to the front desk at the Gaylord. If you find an item please turn it into the hotel front desk and not the registration desk.

Conference Breaks

Monday, Jan. 24

Coffee Break..... 9:30 a.m. – 10:00 a.m.
Break 2:30 p.m. – 3:00 p.m.
Coffee Break..... 3:45 p.m. – 4:15 p.m.

Tuesday, Jan. 25

Coffee Break..... 9:30 a.m. – 10:00 a.m.
Break 2:30 p.m. – 3:00 p.m.
Refreshment Break 3:45 p.m. – 4:15 p.m.

Wednesday, Jan. 26

Coffee Break..... 10:00 a.m. – 10:30 a.m.
Break 2:30 p.m. – 3:00 p.m.
Coffee Break..... 3:45 p.m. – 4:15 p.m.

Thursday, Jan. 27

Coffee Break..... 9:30 a.m. – 10:00 a.m.



Jonathan Woodson, MD

Assistant Secretary of Defense for Health Affairs

Dr. Jonathan Woodson is the Assistant Secretary of Defense for Health Affairs and Director, TRICARE Management Activity. In this role, he administers the more than \$50 billion Military Health System (MHS) budget and serves as principal advisor to the Secretary of Defense for health issues.

Woodson ensures the effective execution of the Department of Defense (DoD) medical mission. He oversees the development of medical policies, analyses, and recommendations to the Secretary of Defense and the Undersecretary for Personnel and Readiness, and issues guidance to DoD components on medical matters.

Woodson co-chairs the Armed Services Biomedical Research Evaluation and Management Committee, which facilitates oversight of DoD biomedical research. In addition, Woodson exercises authority, direction and control over the Uniformed Services University of the Health Sciences (USUHS); the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE); and the Armed Services Blood Program Office.

As Director, TRICARE Management Activity, Woodson is responsible for managing all TRICARE health and medical resources, and supervising and administering TRICARE medical and dental programs, which serve more than 9.6 million beneficiaries. Woodson also oversees the TRICARE budget, information technology systems, contracting process and directs TRICARE Regional Offices (TRO). In addition, he manages the Defense Health Program (DHP) and the DoD Unified Medical Program as TRICARE director.

Woodson served as Associate Dean for Diversity and Multicultural Affairs and Professor of Surgery at the Boston University School of Medicine (BUSM) and senior attending vascular surgeon at Boston Medical Center (BMC). He holds the rank of brigadier general in the U.S. Army Reserve, and served as Assistant Surgeon General for Reserve Affairs, Force Structure and Mobilization, and as Deputy Commander of the Army Reserve Medical Command.

Woodson is a graduate of the City College of New York and the New York University School of Medicine. He received his postgraduate medical education at the Massachusetts General Hospital, Harvard Medical School and completed residency training in internal medicine, and general and vascular surgery.

He is board certified in internal medicine, general surgery, vascular surgery and critical care surgery, and holds a Master's Degree in Strategic Studies (concentration in strategic leadership) from the U.S. Army War College.

His prior military assignments include deployments to Saudi Arabia (Operation Desert Storm), Kosovo, Operation Enduring Freedom and Operation Iraqi Freedom. He has also served as a Senior Medical Officer with the National Disaster Management System, where he responded to the Sept. 11 attack in New York City. Woodson's military awards and decorations include the Legion of Merit, the Bronze Star Medal and the Meritorious Service Medal (with oak leaf cluster).

In 2007, he was named one of the top vascular surgeons in Boston, and in 2008 was listed as one of the top surgeons in the United States. He is the recipient of the 2009 Gold Humanism in Medicine Award from the Association of American Medical Colleges.



George Peach Taylor Jr., MD

Acting Principal Deputy Assistant Secretary of Defense for Health Affairs

George Peach Taylor, Jr., MD, MPH is the Acting Principal Deputy Assistant Secretary of Defense for Health Affairs and the Acting Principal Deputy Director, TRICARE Management Activity. In these two roles, Taylor assists in the development of strategies and priorities to achieve the health mission of the Military Health System (MHS), and participates fully in formulating, developing, overseeing and advocating the policies of the Secretary of Defense.

In this capacity, Taylor also acts as a liaison for the ASD(HA)/Director of TMA, other offices within OSD, the Military Departments, Congress and other Executive Branch agencies to develop, coordinate and integrate health care policies with departmental priorities and initiatives. Additionally, Taylor oversees congressional and legislative activities for the OASD(HA), and guides the office's public affairs and communications programs. The Office of Health Affairs is responsible for providing a cost effective, quality health benefit to 9.6 million active duty uniformed service members, retirees, survivors and their families. The MHS has a \$50 billion annual budget and consists of a worldwide network of 59 military hospitals, 360 health clinics, private-sector health business partners and the Uniformed Services University.

In addition to these duties, Taylor serves as the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness. In this capacity, he directs Department-wide efforts to develop and implement policies and programs relating to DoD deployment medicine, force health protection, national disaster support, international health agreements and missions, and medical readiness for 2.3 million service members.

Prior to these positions, Taylor served as Acting Assistant Secretary of Defense for Health Affairs and Acting Director, TRICARE Management Activity. In this role, Taylor administered the \$50 billion Military Health System and served as principal advisor to the Secretary of Defense for health issues.

Taylor is a physician with board certification by the American Board of Preventive Medicine. He graduated from Rice University in 1975 with degrees in physics and Russian language. In 1978, he graduated from Baylor College of Medicine in Houston and interned in Greenville, S.C. In 1984, Taylor earned a masters in public health from the Harvard School of Public Health and completed a residency in aerospace medicine in 1985 at Brooks Air Force Base. He entered active duty as an Air Force flight surgeon in 1979 and rose through the ranks to become the 18th Surgeon General of the Air Force. He retired from the Air Force in October 2006.

After retiring, Taylor served as a Managing Director of Federal Government Practice at PricewaterhouseCoopers and later as Vice President in Northrop Grumman Information Systems. He was responsible for large-scale transformation projects, innovative electronic business solutions, independent program management oversight, mission-critical enterprise-wide health applications, interoperable architecture and large-scale information technology systems integration.

His years of service and leadership in military medicine and contractor services give him a unique understanding of the challenges facing service members and their families before, during and after deployment. His broad technical background and experience bring broad, creative and dynamic leadership to the Department.



Vice Adm. Adam M. Robinson, Jr., MD
Surgeon General of the Navy

Vice Adm. Robinson is a native of Louisville, Ky. He entered the naval service in 1977 and holds a Doctor of Medicine degree from the Indiana University School of Medicine, Indianapolis through the Armed Forces Health Professions Scholarship Program. Following completion of his surgical internship at Southern Illinois University School of Medicine, Springfield, he was commissioned.

Robinson's first assignment was as General Medical Officer, Branch Medical Clinic, Fort Allen, Puerto Rico, before reporting to the National Naval Medical Center, Bethesda, Md. in 1978 to complete a residency in general surgery. His subsequent duty assignments included: Staff Surgeon, U.S. Naval Hospital, Yokosuka, Japan and Ship's Surgeon, U.S.S. MIDWAY (CV-41).

After completing a fellowship in colon and rectal surgery at Carle Foundation Hospital, University of Illinois School of Medicine (1984-85), Robinson reported to the National Naval Medical Center, Bethesda as the Head of the Colon and Rectal Surgery Division. While there, he was called to temporary duty in 1987 as Ship's Surgeon, U.S.S. JOHN F. KENNEDY (CV-67) and in 1988 as Ship's Surgeon, U.S.S. CORAL SEA (CV-43).

Robinson reported to Naval Medical Center Portsmouth, Va. in 1990 as the Head of the General Surgery Department and Director of General Surgery Residency Program. He was appointed Acting Medical Director for the facility in 1994. While at Naval Medical Center Portsmouth, Robinson earned a Master's degree in Business Administration from the University of South Florida. In 1995, Robinson reported to the Commander, Naval Surface Force, U.S. Atlantic Fleet as the Force Medical Officer serving in that capacity for two years. Following that assignment, he reported to Naval Hospital Jacksonville in 1997 as the Executive Officer. In January 1999, as Fleet Hospital Jacksonville Commanding Officer, Robinson commanded a detachment of the fleet hospital as a medical contingent to Joint Task Force Haiti (Operation New Horizon/Uphold Democracy).

In August 1999, Robinson reported to the Bureau of Medicine and Surgery (BUMED) as the Director of Readiness and was selected as the Principle Director, Clinical and Program Policy in the Office of the Assistant Secretary of Defense for Health Affairs in September 2000, where he also served as the Acting Deputy Assistant Secretary of Defense for Health Affairs, Clinical and Program Policy. Robinson was assigned as Commanding Officer, U.S. Naval Hospital, Yokosuka from September 2001 to January 2004, after which he received assignment back to BUMED as Deputy Chief of BUMED for Medical Support Operations with additional duty as Acting Chief of the Medical Corps. In July 2004, he reported as Commander, National Naval Medical Center, Bethesda. He assumed the duties as Commander, Navy Medicine National Capital Area Region in October 2005.

The author of numerous presentations and publications, Robinson holds fellowships in the American College of Surgeons and the American Society of Colon and Rectal Surgery. He is a member of the Le Societe Internationale de Chirurgie, the Society of Black Academic Surgeons and the National Business School Scholastic Society, Beta Gamma Sigma. He holds certification as a Certified Physician Executive from the American College of Physician Executives.

Robinson's personal decorations include the Distinguished Service Medal (two awards), Legion of Merit (two awards), Defense Meritorious Service Medal (two awards), Meritorious Service Medal (three awards), Navy Commendation Medal, Joint Service Achievement Medal, Navy Achievement Medal and various service and campaign awards.



Lt. Gen. Eric B. Schoomaker, MD, PhD
Surgeon General of the Army

Lt. Gen. Eric B. Schoomaker was sworn in as the 42nd Army Surgeon General on Dec. 11, 2007 and assumed command of the U.S. Army Medical Command on Dec. 13, 2007. Before this selection, Schoomaker served as the Commanding General, Walter Reed Army Medical Center and the North Atlantic Regional Medical Command.

In 1970 he graduated from the University of Michigan in Ann Arbor, was commissioned a second lieutenant as a distinguished military graduate and was awarded a Bachelor of Science degree. He received his medical degree from the University of Michigan Medical School in 1975 and completed his Ph.D. in Human Genetics in 1979.

Schoomaker completed his internship and residency in Internal Medicine at Duke University Medical Center in Durham, N.C. from 1976 to 1978, followed by a fellowship in Hematology at Duke University Medical Center in 1979. He is certified by the American Board of Internal Medicine in both internal medicine and hematology. His military education includes completion of the Combat Casualty Care Course, Medical Management of Chemical Casualty Care Course, AMEDD Officer Advanced Course, Command and General Staff College and the U.S. Army War College.

Schoomaker has held a wide variety of assignments. From 1979 until 1982, he was a research hematologist at Walter Reed Army Institute of Research. He served as Assistant Chief and Program Director, Department of Medicine, Walter Reed Army Medical Center, 1982 - 1988; Medical Consultant to Headquarters, 7th Medical Command, Heidelberg, Germany, 1988 - 1990; Deputy Commander for Clinical Services, Landstuhl Army Regional Medical Center, Landstuhl, Germany, 1990 - 1992; Chief and Program Director, Department of Medicine and Director of Primary Care, Madigan Army Medical Center, Tacoma, Wash., 1992 - 1995; Director of Medical Education for the Office of The Surgeon General/Headquarters USAMEDCOM conducting a split operation between Washington, D.C. and Fort Sam Houston, Texas, 1995 - 1997; and Director of Clinical Operations at the HQ USAMEDCOM, February to July 1997. From July 1997 to July 1999, he commanded the USA MEDDAC (Evans Army Community Hospital) at Fort Carson, Colo. He attended the U.S. Army War College in Carlisle Barracks, Pa. from 1999 to 2000 followed by assignments as the Command Surgeon for the U.S. Army Forces Command (FORSCOM) from July 2000 to March 2001, and Commander of the 30th Medical Brigade headquartered in Heidelberg, Germany from April 2001 to June 2002.

Schoomaker was appointed Chief of the Army Medical Corps when he assumed command of the Southeast Regional Medical Command/Dwight David Eisenhower Army Medical Center in June 2002. He served as Corps Chief until September 2006. Prior to commanding the North Atlantic Regional Medical Command, he was the Commanding General of the U.S. Army Medical Research and Materiel Command in Fort Detrick, Md. from July 2005 - March 2007.

His awards and decorations include the Distinguished Service Medal (with oak leaf cluster), the Legion of Merit (with four oak leaf clusters), the Meritorious Service Medal (with two oak leaf clusters), the Joint Service Commendation Medal, the Army Commendation Medal, the Army Achievement Medal and the Humanitarian Service Medal. He has been honored with the Order of Military Medical Merit and the "A" Proficiency Designator and holds the Expert Field Medical Badge.



Lt. Gen. Charles B. Green, MD
Surgeon General of the Air Force

Lt. Gen. (Dr.) Charles B. Green is the Surgeon General of the Air Force, Headquarters U.S. Air Force, Washington, D.C. Green serves as functional manager of the U.S. Air Force Medical Service. In this capacity, he advises the Secretary of the Air Force and Air Force Chief of Staff, as well as the Assistant Secretary of Defense for Health Affairs, on matters pertaining to the medical aspects of the air expeditionary force and the health of Air Force people. General Green has authority to commit resources worldwide for the Air Force Medical Service, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support worldwide medical service missions. He exercises direction, guidance and technical management of more than 42,800 people assigned to 75 medical facilities worldwide.

Green was commissioned through the Health Professions Scholarship Program and entered active duty in 1978 after completing his Doctorate of Medicine degree at the Medical College of Wisconsin in Milwaukee. He completed residency training in family practice at Eglin Regional Hospital, Eglin AFB, Fla. in 1981, and in aerospace medicine at Brooks AFB, Texas in 1989. He is board certified in aerospace medicine. An expert in disaster relief operations, he planned and led humanitarian relief efforts in the Philippines after the Baguio earthquake in 1990, and in support of Operation Fiery Vigil following the 1991 eruption of Mount Pinatubo.

Green has served as commander of three hospitals and Wilford Hall Medical Center. As command surgeon for three major commands, he planned joint medical response for Operations Desert Thunder and Desert Fox, and oversaw aeromedical evacuation for Operations Enduring Freedom and Iraqi Freedom. He has served as Assistant Surgeon General for Health Care Operations and Deputy Surgeon General prior to his current assignment.



Rear Adm. Mark J. Tedesco, MD

Chief Medical Officer, U.S. Coast Guard and Director of Health, Safety and Work-Life

Rear Adm. Mark J. Tedesco is the Coast Guard's Chief Medical Officer and Director of Health, Safety and Work-Life. Tedesco is trained and board certified in family medicine and preventive medicine (aerospace) and a designated Coast Guard flight surgeon.

Tedesco graduated with a Bachelor of Science degree from Tufts University in 1980 and received his Doctor of Medicine degree from Tufts University in 1986. He completed his family practice residency at Ft. Belvoir, Va. in 1989. He received a Master's degree in Public Health in Health Care Management from the Harvard School of Public Health in 1994, and completed his aerospace medicine residency at Brooks Air Force Base in 1995.

Prior to his current assignment, Tedesco served as the Chief of the Coast Guard's Operational Medicine and Medical Readiness Division at Coast Guard Headquarters in Washington, D.C. Prior to that, he was the Medical Readiness branch chief at Coast Guard Headquarters. Preceding his transfer to the Public Health Service and Coast Guard in 1997, he served as an Army physician. His assignments included Chief of the Primary Care Department and Acting Deputy Commander for the Army's Aeromedical Center and Hospital at Ft. Rucker, Ala., as well as serving as the flight surgeon for the 224th Army Military Intelligence (Aerial) Battalion and Coast Guard's Air Station Savannah at Hunter Army Airfield in Savannah, Ga. He also served as the Treatment Platoon Leader in the 24th Infantry Division (Mech) in Saudi Arabia and Iraq during Operations Desert Shield and Storm. His Coast Guard experience includes underway support aboard Coast Guard Cutter Barque EAGLE, medical support during medevac operations, patrol boat mishap response operations and clinical support to numerous Coast Guard clinics and sick-bays. Tedesco also served as Medical Director of Operations for Federal Disaster Response Teams at the World Trade Center Disaster site in September 2001.

Tedesco's awards and decorations include the Meritorious Service Medal (3rd award), Coast Guard, Public Health Service and Army Commendation medals and the Department of Transportation 9-11 Medal. He was selected as the U.S. Army Aerospace Medicine Specialist of the Year in 1997 and as the U.S. Public Health Service Physician Executive of the Year in 2005. He is designated as both a Coast Guard flight surgeon and Army senior flight surgeon and has been awarded the Army's Expert Field Medic Badge and Paratrooper Wings.

Awards

Tuesday – Healthcare Innovations Program Award Winners

Experience of Care

Mr. Stephen Yamada – Tripler Army Medical Center, Honolulu, Hawaii

LCDR Robert Allison – Naval Medical Center San Diego

Per Capita Cost

Capt. Kendall Vermilion – 319th Medical Group, Grand Forks, AFB, N.D.

Readiness

COL Thomas Langston – 88th Medical Group, Wright-Patterson, AFB, Ohio

Population Health

Mr. Ronnie Holuby – Brooke Army Medical Center, San Antonio, Texas

Wednesday – Department of Defense Patient Safety Awards for 2010

Teamwork Training and Skill Building

Hospital Facility: Naval Hospital Pensacola
Title of Project: Partnering with Patients

Ambulatory Center Facility: USA MEDDAC Bavaria
Title of Project: Improving the Quality of Patient Care Utilizing Tracer Methodology

Identification and Mitigation of Risks and Hazards

Hospital Facility: Naval Hospital Bremerton
Title of Project: Improving the High Level Disinfection Process of Vaginal Ultrasound Probes

Ambulatory Center Facility: USAF Academy
Title of Project: Labeling Patient Specimens

Thursday – Female Physician Leaders

Recipients

Col. Kelly A. Murray, USA	Senior winner
Cmdr. Ashley Schroeder	Junior Navy winner
Lt. Col. Mary M. Klote	Junior Army winner
Lt. Col. Leslie Knight	Junior Air Force winner
Cmdr. Erica Schwartz, USCG	Honorable Mention
Cmdr. Meena Vythilingam, USPHS	Honorable Mention

USUHS

USU – 2010 Excellence in Teaching, Large Medical Treatment Facility

USU – 2010 Excellence in Teaching, Small Medical Treatment Facility

Save the Date

2012 Military Health System CONFERENCE

Jan. 30 – Feb. 2, 2012

Gaylord National® Hotel & Convention Center
National Harbor, MD

Healthcare Innovations Program (HIP) Award Winning Abstracts

Healthcare Innovations Program (HIP) Award Winning Abstracts

Office of the Chief Medical Officer

TRICARE Management Activity

The goals of the program are to showcase MHS innovations from both the direct and purchased care systems in direct support of the MHS Quadruple Aim and to link people with ideas. The MHS Conference provides an excellent forum in which to share the tools and information used in achieving these best practices.

Cost

Prescription Pad Security

Capt. Justin Lusk

Grand Forks AFB, N.D.

Col. Jane Denton – Commander

This initiative utilized a collaborative team that increased prescription security by eliminating paper prescriptions from the Military Treatment Facility (MTF).

Readiness

Robotic Remote-Presence Readiness Training

Col. Thomas Langston

Wright Patterson AFB, Ohio

Col. Kimberly Slawinski – Commander

This Air Force facility has established a distance learning platform capability. The training provides staff exposure to burn care which is supplemented by hands on practice in a simulation center.

Experience of Care

1. Implementation of a Centralized Patient Transfer Center: Improving the Care Experience of Patients and their Families

Lt. Cmdr. Robert Allison

Naval Medical Center San Diego

Admiral Forrest Faison – Commander

A transfer center was established to provide a fast and efficient process for civilian emergency rooms to transfer patients to Naval Medical Center San Diego in a standardized and streamlined process.

2. Ventilator Associated Pneumonia: Targeting Zero

Mr. Stephen Yamada

Tripler Army Medical Center, Hawaii

General Keith Gallagher – Commander

Utilizing a multidisciplinary team and several strategies the Ventilator Associated Pneumonia (VAP) rate decreased significantly in the Intensive Care Units (ICUs).

Population Health

Preventive Cardiology Clinic: An Integrated Multi-Disciplinary Approach to Risk Factor Modification

Mr. Ronnie Holuby

Brooke Army Medical Center, Texas

General Joseph Carvalho – Commander

A clinic was designed within the Department of Cardiology integrating resources and modeled as a patient-centered cardiovascular home concept. This resulted in improved identification and screening of cardiovascular patients, and improved implementation of preventive therapies.

Accreditation Statements

At time of printing

Physicians

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education.

USUHS designates this educational activity for a maximum of 22 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurses

The Uniformed Services University of the Health Sciences is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

22 CNE contact hours are provided for participation in this educational activity.

In order to receive full contact-hour credit for this CNE activity, you must attend the activity, participate in individual or group activities such as exercises or pre/post tests, and complete and submit the evaluation and verification of attendance forms at the conclusion of the activity.

American College of Healthcare Executives

The Uniformed Services University of the Health Sciences is authorized to award 12 hours of pre-approved Category II (non-ACHE) continuing education credit for this program toward advancement or recertification in the American College of Healthcare Executives. Participants in this program wishing to have the continuing education hours applied toward Category II credit should indicate their attendance when submitting application to the American College of Healthcare Executives for advancement or recertification.

Psychologists

USUHS is approved by the American Psychological Association to sponsor continuing education for psychologists. USUHS maintains responsibility for this program and its content. The Military Health System conference provides 13.75 hours of continuing education for psychologists.

APA Approved Sessions

Monday		Tuesday		Wednesday		Thursday	
SESSION #	MINUTES	SESSION #	MINUTES	SESSION #	MINUTES	SESSION #	MINUTES
B1	90	D4	90	Plenary 8:10 - 10:00	110	Plenary 8:10 - 9:30	80
D1	90	F4	90	B7	90	Plenary 10:00 - 11:30	90
F1	90	G4	90	F7	90		
G1	90	J4	90	G7	90		
H1	90	D5	45	D8	45		
I1	90	F5	45	F8	45		
J1	90	G5	45	H8	45		
F2	90	H5	90	E9	45		
B3	90	I5	45	F9	45		
G3	90	D6	45	J9	45		
H3	90	F6	45				
I3	90	J6	45				
J3	90						

The table above lists the sessions that will receive a combined total of 13.75 hours of continuing education for psychologists. You must attend 90 minutes of continuing education in order to receive credit.

Social Workers

This program is sponsored by the Uniformed Services University of the Health Sciences (USUHS) which is automatically authorized by the Board of Social Work Examiners to sponsor Category I continuing education programs. USUHS maintains responsibility for all programs offered. The Maryland Board of Social Work Examiners certifies that this program meets the criteria for 20 credit hours of Category I continuing education for social workers and associates licensed in Maryland.

Disclosure

All planners, faculty and others in a position to influence content will complete the disclosure process and report relevant financial relationships with any commercial company or product that may be discussed as well as any planned discussion of non-FDA-approved products or uses. The Uniformed Services University of the Health Sciences (USUHS) employs appropriate mechanisms to resolve potential conflicts of interest and provide fair and balanced education. Questions about specific strategies can be addressed to the USUHS at continuingeducation@usuhs.mil.

Accreditation Statements

At time of printing

American Disabilities Act (ADA)

If you require any special arrangement to attend and fully participate in this educational workshop, please notify our staff working in the registration area.

Non-Endorsement of Product Documentation

Accreditation refers to the recognition of the education activity only and does not imply USUHS or Commission on Accreditation approval or endorsement of any products.

American Academy of Medical Administrators

American Academy of Medical Administrators Research & Education Foundation is pleased to approve this conference for non-AAMA contact hours. Please note: Contact hours are for reporting hours of education programming attended and are not equivalent to points used in AAMA advancement programs.

MHS

MILITARY HEALTH SYSTEM

www.health.mil/connect

MHS
Conference 2011
Stay Connected

facebook
Community
TRICARE
network
Online
communication
twitter
Social
Information
Media
RSS
video
Blogs
explore
event
content

-  **MHS Social Media Hub**
www.health.mil/connect
-  **MHS Facebook**
www.facebook.com/healthdotmil
-  **MHS Twitter**
www.twitter.com/healthdotmil
-  **MHS Blog**
www.health.mil/blog.aspx
-  **MHS Flickr**
www.flickr.com/photos/militaryhealth
-  **MHS Portal**
<https://portal.health.mil>

Stay connected during and after the **MHS** conference with social media tools dedicated to sharing information and connecting individuals around the **MHS**.

Stop by the **MHS** Social Media Booth in the exhibit hall to meet the **MHS** Social Media Team and to understand how social media can work for you.

Educational Tracks

Track A: Long Term Strategies

Track Champions: Mr. Mike Fischetti & Mr. Allen Middleton

Action Officer: Dr. Mike Dinneen

This track will show how the MHS is turning strategy to action using performance-based management. The MHS has developed the Strategic Imperatives as a way to focus efforts to transform health care delivery to achieve the Quadruple Aim. The first session will review the strategic imperatives and the measures the MHS is using to monitor success in reaching its goals. Subsequent sessions will review several strategic initiatives including efforts to align incentives with quality outcomes in the business planning/performance planning process. Finally, we will review early results from planning efforts for the next generation of TRICARE contracts.

Track B: Developing the Health Care Team

Track Champions: Rear Adm. William Kiser, USN & Ms. Rebecca Russell

Action Officer: Ensign Jennifer Nestor, USN

Sessions will focus on ensuring a thorough understanding of human capital challenges and ways we can address those challenges. Because training our people is one of the best ways to recruit and retain the best, we will also focus on innovative education and training initiatives in use across the MHS and how those innovations are developing and retaining the right people.

Track C: Meaningful Use of Health Information

Track Champions: Mr. George Chambers & Ms. Mary Ann Rockey

Action Officer: Ms. Sharon Larson

One of the President's goals is to improve the health and well-being of every American through the on-going use of health information technology. "Meaningful use" of an EHR is ultimately linked to achieving measurable outcomes in patient engagement, care coordination and population health. Track sessions will address how to effectively use MHS health information technology. Session participants will benefit from "meaningful use" strategies that enable MTF providers to achieve significant improvements in care giving, decision making and outcomes.

Track D: Enabling Breakthrough Results Through Research and Rapid Innovation

Track Champions: Brig. Gen. Steven Jones, USA & Dr. Charles Rice

Action Officers: Dr. Terry Rauch & Dr. John Frazier Glenn

The goal of this track is to present advances in the state of medical science in those areas of most pressing need and relevance to today's battlefield experience: diagnosis and treatment of Traumatic Brain Injury (TBI); polytrauma and blast injury; rehabilitation; and psychological health and well-being for military personnel and families. Presentations will discuss innovative approaches to protect, support and advance the health and welfare of military personnel, families and communities; accelerating the transition of medical clinical technologies into deployed products; and accelerating the translation of advances in knowledge into new standards of care for injury prevention, treatment of casualties and rehabilitation that can be applied in theater or in the clinical facilities of the MHS.

Track E: Readiness

Track Champions: Maj. Gen. Robb, USAF & Brig. Gen. Tom (Richard) Thomas, USA

Action Officers: Cmdr. Tim Wolfkill, USN & Maj. Michelin Joplin-Conerly, USAF

Sessions will focus on maintaining an agile, fully deployable medical force and a health care delivery system so that we can provide state-of-the-art health services anywhere, any time. We use this medical capability to treat casualties and restore function and to support humanitarian assistance and disaster relief, building bridges to peace around the world. Sessions will focus on initiatives that will improve our rates of individual deployability and mission readiness. This track should highlight how we partner with service members to ensure they are medically ready at all times and that throughout their military career, they participate in health assessment so that the Combatant Commanders have full visibility of the readiness status of their troops at all times.

Track F: Building (and Rebuilding) Psychological Health

Track Champions: Brig. Gen. Rhonda Cornum, USA & Mr. Larry Sipes

Action Officers: Col. Nancy Dezell, USAF & Lt. Col. Hans Ritschard, USAF

Building psychological health should be analogous to building physical fitness. Well-being is more than just good health. Healthy behaviors contribute significantly to improving overall well-being and readiness in our military community. These sessions will focus on several of DoD's efforts, initiatives and evidence-based best practices in building and responding to psychological health, highlighting successful collaboration with our VA partners to integrate mental health services.

Educational Tracks

Track G: Engaging Patients in Healthy Behaviors

Track Champions: Maj. Gen. Kimberly Siniscalchi, USAF & Rear Adm. Tom McGinnis, USN

Action Officer: Cmdr. Aileen Buckler, USN

Sessions will focus on encouraging and incentivizing patients and families to take a more active role in their health. Promoting a shift from health care to health by fostering the adoption of healthier lifestyles, particularly the reduction/elimination of tobacco and alcohol usage, increase in physical activity and improvement in nutrition. Sessions will focus on encouraging and incentivizing patients and families to take a more active role in their health and will discuss use of technology and design to make this easier. The importance of promoting a shift from health care to health by fostering the adoption of healthier lifestyles will be emphasized, particularly relating to the reduction/elimination of tobacco and alcohol usage, increase in physical activity and improvement in nutrition.

Track H: The Patient-Centered Medical Home

Track Champions: Rear Adms. Matthew Nathan, USN & Alton Stocks, USN

Action Officer: Dr. John Kugler

The MHS is transforming its primary care system into a Patient-Centered Medical Home (PCMH) model of care in order to improve health care quality, access, care coordination, satisfaction and safety. The PCMH model is recognized as the strategic enterprise initiative with the greatest potential to optimize the Quadruple Aim. Track sessions will explore strategies for successful implementation of PCMH and provide best practices from both military and civilian health care organizations.

Track I: Experience of Care: Improving Quality and Safety

Track Champions: Rear Adm. Colin Chinn, USN & Brig. Gen. Mark A. Edinger, USAF

Action Officer: Ms. Lois Krysa

Our beneficiaries expect that the MHS holds itself to the highest standards of safety, efficacy and evidence-based care. We achieve success when our hospitals, clinics and civilian physician and hospital partners demonstrate outstanding quality and make their outcomes public. Track sessions will look to identify how the MHS is developing a culture of safety by learning from mistakes, reporting events and measuring/reporting key patient safety performance indicators.

Track J: Title: Effective Patient Handoffs

Track Champions: Dr. Jack Smith & Rear Adm. Elizabeth Niemeyer, USN

Action Officers: Capt. Mary Jean Herden, USN & Cmdr. Dave Tarentino, USMC

Sessions should focus on how we achieve success when service members and their families tell us we have been fair, compassionate and competent in delivering fully integrated services between military, VA and civilian hospitals especially during transitions in care. For those service members with severe injury or illness, the MHS must enable a fair disability evaluation and carefully coordinated care that facilitates transition to the next phase of life.

Track K: Improving Effectiveness, Managing Per Capita Costs

Track Champion(s): Mr. Joe Marshall & Dr. Pradeep Gidwani

Action Officer: Dr. Bob Opsut

Sessions will provide innovative strategies, initiative updates and actionable recommendations that participants can leverage to help manage and reduce costs through the analysis and reduction of business process variation. Topics such as the patient-centered medical home, MHS performance planning pilots, per member per month costs, ED epidemic and MTF innovative initiatives are examples of the many “layers” of analyses which will be presented.

Track L: TRICARE Contracts – Now and in the Future

Track Champions: Mr. Mike O’Bar & Mr. William Thresher

Action Officers: Ms. Martha Lupo & Ms. Martha Taft

A review of the TRICARE program over the life of the health care support contracts with a focus on transition issues, the current operational environment and remaining challenges. These sessions include updates on pharmacy, dental and Reserve component programs as well as a look at pending policy changes, culminating in a strategic view of military health care in the future.

Monday Morning, Jan. 24., 2011

6:30 a.m. – 5:30 p.m.

Registration

7:30 am – 7:45 a.m.

Opening Ceremonies

7:45 a.m. – 8:00 a.m.

Invocation

8:00 a.m. – 9:30 a.m.

The Strategic Landscape for the MHS

George Peach Taylor, Jr., MD, Deputy Assistant Secretary of Defense (Force Health and Protection)

Jonathan Woodson, MD, Assistant Secretary of Defense for Health Affairs

Clifford Stanley, PhD, Under Secretary for Personnel and Readiness

Senator Tom Daschle, Former U.S. Senator and Senate Majority Leader

9:30 a.m. – 10:00 a.m.

Coffee Break, Potomac Foyer

10:00 a.m. – 11:30 a.m.

Supporting Readiness by Supporting the Military Family

Lt. Gen. Eric B. Schoomaker, MD, PhD, Surgeon General of the Army

Mrs. Deborah Mullen

Gen. Peter Chiarelli, Vice Chief of Staff, U.S. Army

11:30 a.m. – 1:00 p.m.

Lunch on Your Own

Monday Afternoon, Jan. 24., 2011

1:00 p.m. – 2:30 p.m.

A1 - Part 1: Achieving the Quadruple Aim: Focusing on Strategic Imperatives

Blair Childs; Mike Dinneen MD, PhD; Allen Middleton, MBA

Maryland B/4-6

The MHS has adopted the Quadruple Aim, our balanced effort to improve readiness, improve the health of all we serve, improve health care and responsibly manage costs. The four aims have been translated into a set of strategic imperatives with specific measures and targets. We will review the strategic imperatives, the initiatives that will help us reach our targets and the ways that people can contribute to our shared success over the next year.

Part 2: The Accountable Care Organization: Integrating to Achieve the Quadruple Aim

The Accountable Care Organization (ACO) may be thought of as the town in which the patient-centered medical home resides. The goal of an ACO is to deliver coordinated and efficient care across time and space. The MHS has a chance to both inform and learn from civilian ACOs.

B1 - Mental Health Staffing: Where We Were, Where We Are and Where We're Going

Lt. Cmdr. Kathleen Cooperman, MSM, MHA, USN; Lt. Cmdr. Christopher Hunter, PhD, USPHS; Capt. Joan Hunter, MSW, USPHS; Lt. Col. Michael Kindt, PhD, USAF; Lt. Col. Mark Oordt, PhD, USAF; Lt. Col. Hans Ritschard, PhD, USAF

Chesapeake 4-6

This panel will present background and update information on the Psychological Health Risk Adjusted Model for Staffing and the DoD/Public Health Service (PHS) initiative bringing PHS mental health officers to the DoD. This will be followed by Guard- and service-specific updates on current and future staffing plans and goals.

C1 - Harnessing the Power of MHS Information Systems to Achieve Meaningful Use of Health Information

Lt. Col. Nicole Kerkenbush, MHA, MN, USA; George Magee, PhD; Robert Marshall, MD, MPH, MISM; Col. Ron Moody, MD, USA; Col. Tod Russell, MD, USA

Maryland C

This panel will describe “meaningful use” of health information and how it is being translated into the MHS environment today. The panel will describe how this can be achieved through the use of AHLTA and other MHS information systems.

D1 - Innovations in Psychological Health Diagnosis and Treatment

Col. Carl Castro, PhD, USA; Michael Kilpatrick, MD

Annapolis 3-4

This session will address the following areas:

- a) Research advances in building resilience in psychological health, suicide prevention and effects of deployments on family members;
- b) How research has led to implementation of programs and access standards in caring for those with TBI and psychological disorders: Defense Centers of Excellence for Psychological Health and TBI;
- c) Focus on the fundamentals in treating PTSD: An innovative approach.

E1 - Environmental Health and Preventive Medicine

Part 1: Identifying and Managing Environmental Health Threats in the AOR

Craig Postlewaite, DVM, MPH

National Harbor 4-5

Part 1: Attendees will gain an appreciation of occupational and environmental health surveillance that is ongoing in the AOR with the known/potential health threats identified; the medical surveillance results and epidemiologic studies for conditions potentially related to the environmental exposures, and routine and special measures to manage the risks.

Part 2: H1N1 Preparedness and Recent Lessons Learned

Col. Wayne Hachey, DO, MPH, USA; Mark Gentilman, OD; Diana Jeffery, PhD

The presentation will provide an overview of the impact that the 2009-H1N1 pandemic had on the DoD and the implications for future pandemic response planning efforts.

F1 - Building Psychological Health: The Services' Perspectives on Resilience

Col. Thomas Vail, USA; Mr. Brian Borda, USAF; Capt. Lori Laraway, USN

National Harbor 2-3

Building psychological health should be analogous to building physical fitness. Participants in this session will be familiar with the current service resilience building efforts, the responsibilities leaders have in building psychological health and how they can incorporate these ideas into their leadership repertoire.

G1 - Substance Abuse Policy and Services in the MHS; Current State and the Way Ahead

Mary Campise, MSW; Capt. Robert DeMartino, MD, USN; Charles Gould, MSW; LaNorfeia Holder, BSW; Thomas Marquez, MA; Lt. Col. Mark Oordt, PhD, USAF; Alfred Ozanian, PhD; Col. John Stasinos, MD, USA

Baltimore 3-5

Substance use in all its degrees is impacting military readiness and the health of our service members and their families. Prevention, assessment and treatment services have matured, but must evolve to remain relevant. A congressionally mandated program/policy review has been completed and the findings and future state is outlined in the session.

H1 - Behavioral Health in the Patient-Centered Medical Home (PCMH): An Important Part of Meeting the Quadruple Aim and Achieving Level II & III NCQA PCMH Recognition

Col. Charles Engel, MC, USA; Lt. Cmdr. Christopher Hunter, USPHS

National Harbor 10-11

Session will review RESPECT-Mil implementation. Detail how integration of behavioral health providers (BHPs) and Care Facilitators (CFs) in the PCMH supports the Quadruple Aim. Review current status and funding for BHPs/CFs in the PCMH. Discuss the role of BHPs/CFs in assisting clinics with attainment of level II and III NCQA recognition.

I1 - When You Can't Vote Them Off the Island – Promoting Professional Conduct Within Your Team: A World Café Dialogue

Debra Gerardi, MPH, JD; Heidi King, MS; Mary Salisbury, MA

Baltimore 1-2

Great teamwork requires mutual support, including the ability to address lapses in professional conduct to ensure a safe patient experience. This highly interactive session will integrate components of the TeamSTEPPS Professional Conduct Toolkit with dialogue and a live demonstration of the Connect & Correct technique.

J1 - Part 1: Why Are Effective Handoffs Critically Important?

Karen Guice, MD, MPP

National Harbor 12-13

This overview describes the process of care handoffs between providers (e.g. at shift change), across clinics, across venues of care, between direct and purchased care, across the DoD and VA and, finally, in the most complex social and medical situations. This session discusses the disability evaluation system (DES) as a case example because successful management of the DES requires so many effective handoffs.

Part 2: The Family's Role in Care Coordination and Effective Communication

Anne Cobb, MSN; Capt. Ann Dalter, MEd, USN; Lt. Col. Jean Jones, MSNm, USA; Doris Vaina MSN, FRC.; Sara Maddox, RRC

In this session, a panel of non-clinical case managers discuss the components of wounded warrior administrative case management, the non-clinical case management of wounded warrior families, the interface with clinical case management, and strategies for successful administrative handoffs at the time of warrior discharge, transfer, or transition to the Veteran's Administration medical system.

K1 - Patient-Centered Medical Home Strategy, Incentives and Fiscal Results

Kenneth Canestrini, MHA, FACHE; Capt. Christine Dorr, USN; Lt. Col. Timothy Kosmatka, MD, USAF; Miguel Montalvo, MD; Capt. Maureen Padden, MD, USN

Maryland D

Does PCMH impact the fiscal bottom line? This service and TRO panel will discuss how their PCMH programs are being implemented and resourced as well as the effects or anticipated effects on costs.

L1 - Tricare Overseas Contract: Operational Aspects of the New Contract and Transition Lessons Learned and a “Boots on the Ground” Look at Early Start-up Issues

Danita Hunter, MHA, MPM; George Sherman, MBA; Michael Talisnik; Paula Underwood, MD, MPH, MHA

Maryland A

The new TRICARE Overseas contract began September 2010. It consolidated much of the contracted care and services for beneficiaries overseas. Major aspects of the contract will be discussed, in addition to challenges and performance to date and a customer’s view from Heidelberg MEDDAC.

2:30 p.m. – 3:00 p.m.

Break on Your Own

3:00 p.m. – 3:45 p.m.

A2 - Theater Care Transformation

Rear Adm. David Smith, USN

Maryland B/4-6

Over the past 10 years, the way that care is delivered in theater has changed dramatically to meet the evolving needs of the warfighter. As a result, the MHS is achieving unprecedented success in reducing illness and injury and saving casualties of combat. This session will review the major changes and current lessons from experiences in Iraq and Afghanistan.

B2 - Human Capital Challenges: Developing the MHS Workforce to Meet 21st Century Challenges

Maureen Viall, MA

Chesapeake 4-6

Addresses issues that affect the entire MHS today and into the future. We will discuss the many challenges we face and the solutions available to mitigate some of those issues.

C2 - Moving to the Patient-Centered Medical Home Through the MHS Personal Health Portal

Stanley Adamus; David Corey, MHA; Terrance (EJ) Eiteljorge, MSM; Thomas Greig, MD, MPH; Jenna Noble, MA

Maryland C

This panel will describe Personal Health Portal capabilities available today and in the near term. The panel will then address the “game changing” aspects of secure messaging, personal health records and other soon-to-be available functionality.

D2 - Innovations in Wound Infection Prevention and Management and Antimicrobial Countermeasures, Including Multiple Drug Resistant Organisms

Duane Hospenthal, MD, PhD; Col. Julia Lynch, MD, USA

Annapolis 3-4

Wound Infection Prevention and Management will discuss research directed toward identification and characterization of biomarkers associated with immune response and/or predictive of infection/wound closure or early detection of antimicrobial resistance; identification of nosocomial pathogens and mitigation of contamination in the military medical environment; and development of an in vivo polytrauma/blast wound infection model. Antimicrobial Countermeasures will discuss applied research directed toward mitigation of virulence factors and/or metabolic pathways associated with wound infection pathogens and novel treatment approaches.

E2 - Critical Advances in Wound Care for the Wounded Warrior

Cmdr. David Crumbley, MSN, CWCN, USN

National Harbor 4-5

Attendees will be given an overview of the Combat Wound Initiative and the Complex Wound and Limb Salvage Center at WRNNMC. Their efforts to improve and streamline wound care, including advanced products and modalities, will be discussed. The DOD Advanced Wound Care Formulary will also be presented.

F2 - Palm Trees in the Storm: Building Resilience – Leadership Success (OSCAR)

Lt. Col. Paul Nelson, MD, MPH, USAF; Lt.Col. Michael Samarov, MA, USMC

National Harbor 2-3

The Marine Corps OSCAR (Operational Stress Control and Readiness) Program pioneered the practice of embedding psychological health in operational units. This seminar will provide leadership insights concerning the success of OSCAR, and then present applications in support of joint combat operations in Southern Helmand province at Camp Bastion and Camp Leatherneck.

G2 - The Buzz on Two Social Marketing Campaigns: Don't Be That Guy; Quit Tobacco

Michelle Graham Hicks; Jennifer Quermann

Baltimore 3-5

Two DoD social marketing campaigns use research for behavior change among junior enlisted personnel. That Guy uses humor and a virtual approach to reduce binge drinking; Quit Tobacco encourages role modeling and support to quit. Both campaigns use engaging social media channels, innovative tools and resources to engage target audiences.

H2 - Population Health Management – A Critical Element of PCMH

Cmdr. Kevin Dorrance, MD, USN

National Harbor 10-11

Primary Care has traditionally focused on episodic care in a disease management model and ignores the important potential to prevent chronic conditions and improve the health of the population. We will define population health management, its role in the medical home and how it is achieved.

I2 - The Patient Safety Reporting System (PSRS)

Carmen Birk; Lt. Col. Jorge Carrillo, PharmD, MS, USAF; Michael Datena, MPA; Suzie Farley; Lt. Col. Beverly Thornberg, DHA(c), MHA, RNC, USAF

Baltimore 1-2

The session provides an overview of PSR, currently in deployment across the MHS. PSR captures both medication and non-medication patient safety events including near misses using a standard taxonomy. Use of a standardized tool across the enterprise enables more complete event capture, analysis, trending and identification of areas for improvement

J2 - How Individualized Care Plans Help Connect Patients, Their Families and Their Care Teams

Anne Cobb, MSN; Capt. Ann Dalter, MEd, USN; Lt. Col. Jean Jones, MSNm, USA; Doris Vaina, MSN, FRC; Sara Maddox, RRC

National Harbor 12-13

In this session, a panel of clinical case managers discuss what is involved in clinical case management and the vital role the family plays in care coordination.

K2 - A View from the Top – Leadership Dialogue on the Financial Future of the MHS

Narahair Sastry, MPH, MPP

Maryland D

During this session, we will explore the current and projected financial status of the MHS – where are we and where are we going? What is on the horizon with health care reform?

L2 - TRICARE Operational Overview

Michael O'Bar, MS; William Thresher, MA

Maryland A

A review of the evolution of the TRICARE program over the life of the health care support contract with a focus on current operational issues, insights and remaining challenges. This course provides a point of departure for the other track sessions dealing with emerging policy issues, program changes, T3 contract transitions and the strategic way ahead.

3:45 p.m. – 4:15 p.m.

Coffee Break, Potomac Foyer

4:15 p.m. – 5:00 p.m.

A3 - What Does the Future Hold for the MHS: Initial Report for the T4 Study Group

Guy Clifton, MD

Maryland B/4-6

The MHS has recently assembled the TRICARE “Fourth Generation” (T4) Study Group to evaluate options and opportunities for the design of the future military health care delivery system to provide the best possible health care for military beneficiaries from 2015 onward. This is expected to be a multi-year effort, with first year focused on developing the academic foundation and strategy for a five-year procurement cycle. This session will provide an overview of the group’s approach, initial findings, next steps and way-ahead for the MHS.

B3 - Care for the Caregiver: What Works, What Doesn't?

Capt. John Golden, PhD, USN; Cmdr. Jerry O'Toole, PsyD, USN

Chesapeake 4-6

To provide vital tips on how to take care of self while caring for others. Practical care techniques and how to minimize and manage compassion fatigue.

C3 - Achieving Meaningful Use of Health Information In and Near the Theater

Cmdr. Michael Meier, MD, MPH, USN

Maryland C

This provider will describe how the right information at the right place at the right time is contributing to improved health care in the theater.

D3 - Progress in Vaccines for Malaria, Dengue, Diarrheal Diseases

Col. Julia Lynch, MD, USA

Annapolis 3-4

Discuss research on naturally occurring infectious diseases with a focus on protecting the warfighter through development of vaccines, drugs, diagnostics and vector control. The U.S. military has had notable successes in this undertaking (since World War I, deaths from naturally occurring infections have not exceeded deaths due to combat injury in wartime). Discuss DoD's role of continuing importance because diseases such as malaria, dengue, diarrhea and leishmaniasis continue to have an adverse impact on military operations and the health of service members.

E3 - Medical Response to Haiti Earthquake

Capt. Michele Hancock, USN

National Harbor 4-5

This presentation will provide an operational level overview of the DoD response to the 2010 Haitian Earthquake Operation Unified Response.

F3 - Understanding Well-Being – Lessons for Leadership

Darwin Labarthe, MD, MPH, PhD

National Harbor 2-3

Well-being is more than just good health. Health care professionals can both model and promote well-being, potentially influencing other military leaders. This session will assist health care professionals, and others with whom they interact, to be more successful leaders by understanding the true essence of well-being.

G3 - Addressing the Challenges of a Smoke-Free U.S. Navy Submarine Force

Mark Long, EdD; Capt. Joseph McQuade, MD, MS, USN; Larry Williams, DDS; Cmdr. Fred Yeo, MD, USN

Baltimore 3-5

A recent study onboard U.S. Navy submarines found unacceptable levels of environmental tobacco smoke. Navy Medicine tobacco control SMEs were asked to help develop and provide resources to address removing smoked tobacco effective Jan. 1, 2011. Information will be provided regarding the removal of smoked tobacco from U.S. Navy submarines.

H3 - Update on the DoD/VA Evidenced Working Group Activities and Clinical Practice Guideline Activities in Direct Support of the Providers and Staff in the PCMH

Joseph Francis, MD, MPH ; Col. Doreen Lounsbery, MD, USA

National Harbor 10-11

This 45-minute session will provide an overview of the most recent DoD/VA Evidenced Working Group activities which have been in direct support of primary care providers in various settings. Specifically, the session will review the most recently updated Clinical Practice Guidelines (CPG), toolkits and other guideline support materials for providers and clinic staff. The process of CPG selection, prioritization and development will be discussed and recent examples will be illustrated.

I3 - A Dynamic Behavioral Health Clinical Quality Management System for the MHS

Patricia Moseley, PhD; Dori Rogut, MS

Baltimore 1-2

The behavioral health clinical Quality Management System (QMS) is influenced by legislative history, DoD policy, and a dichotomized direct and purchased care system. This session addresses the essential elements of a comprehensive QMS, credentialing and scopes of practice relevant to the Institute of Medicine recommendations.

J3 - New Emerging Technology Clinical Trials Participation – Policy and Processes

Col. James Black, MD, USAF; Brian Moore, DVM, PhD; Col. Barbara Springer, PhD, USA

National Harbor 12-13

This session describes the process and requirements for seriously wounded or injured active duty service members and retirees to obtain a waiver from the Assistant Secretary of Defense (Health Affairs) to participate in clinical trials, such as hand transplants, where the Department of Defense has a research or partnership agreement.

K3 - Current and Future Prospective Payment System; Aligning Financial Incentives with the Quadruple Aim

Bob Opsut, PhD

Maryland D

Come and learn about: What determines your PPS allocation? Where is the PPS going in this dynamic era of health care reform? How financial processes can support strategic imperatives.

L3 - TRICARE Pharmacy Programs

Rear Adm. Thomas McGinnis, USN

Maryland A

The new TRICARE Pharmacy contract began in 2010. Major aspects of the current program will be discussed as well as performance to date.

Tuesday Morning, Jan. 25, 2011

8:00 a.m. – 8:10 a.m.

Awards

8:10 a.m. – 9:30 a.m.

Growing an Even Stronger Health Team

Vice Adm. Adam M. Robinson Jr., MD, Surgeon General of the Navy

Mr. Allan Webber, Former Editor in Chief, Harvard Business Review, Founding Editor of Fast Company

Health Workforce Panel - To be announced

9:30 a.m. – 10:00 a.m.

Coffee Break, Exhibit Hall

10:00 a.m. – 11:30 a.m.

Using Health Information to Transform Care Delivery

Lt. Gen. Charles B. Green, MD, Surgeon General of the Air Force

Jaewon Ryu, MD, Associate Medical Director Kaiser Permanente, Mid-Atlantic States

Secretary Paul O'Neill, Former Secretary of the Treasury

11:30 a.m. – 1:00 p.m.

Lunch on Your Own, Exhibit Hall Open

Tuesday Afternoon, Jan. 25, 2011

1:00 p.m. – 2:30 p.m.

A4 - BRAC Update

Maj. Gen. Byron Hepburn, USAF; Rear Adm. William R. Kiser, MD, MBA, MSS, USN; Rear Adm. Matthew Nathan, USN

Maryland B/4-6

The MHS is transforming clinical and educational processes with the implementation of BRAC in the National Capital and San Antonio areas. Leaders of this enormous change agenda will describe keys to success and remaining challenges as we approach the October 2011 deadline for accomplishing BRAC.

B4 - Tools for Data-Driven Human Capital Management

Kathy Chivington, MBA; Rosemary Durica, PhD, MA; Cmdr. Julie Hendrickson, MA, USN; Michael Hopper, MBA; Col. Douglas Howard, MS, USA; Scott Jones, MSM; Reese Olger, MS; Lt. Col. Katherine Taylor, USA

Chesapeake 4-6

Find out about what's happening with MHS and service Human Capital Information Technology Tools. A panel of experts will share the latest updates on data systems for human resources management, e-learning and workload forecasting/scheduling.

C4 - Using our Data – Maximizing Clinical and Business Intelligence in the MHS

Col. Albert Bonnema, MD, MPH, USAF; Cmdr. Jamie Lindly, MS, USN

Maryland C

Learn about the breadth and depth of business and clinical data that are available for analysis. Learn the best ways to use the tools available today and in the near future to improve population and individual clinical care, as well as health business and resource management.

D4 - Innovations in Diagnosis and Treatment of Polytrauma and Blast Injuries

Col. Dallas Hack, MD, MPH, USA; Katherine Helmick, MS, CRNP

Annapolis 3-4

This presentation will highlight the research advances in medical care for polytrauma injuries and blast injuries and discuss emerging science in TBI care: Diagnosis and treatment.

E4 - Homeland Defense Operations

Part 1: CAPITAL SHIELD: Toward Medical Response Integration in the National Capital Region

Gene Smallwood, MA, MMS; Col. Paul Duray, USA

National Harbor 4-5

The presentation will discuss how JTF CAPMED used the 2010 Exercise CAPITAL SHIELD in order to provide fertile ground for regional cooperation and situational awareness during a multi-day/multi-incident site training exercise.

Part 2: U.S. Coast Guard Homeland Defense, Piracy and Humanitarian Assistance

Capt. Jeff Salvon-Harman, MD, USPHS; Cmdr. Derrick Masters, USCG

The presentation will provide an overview of the U.S. Coast Guard Medical = Health, Safety and Work-life programs, the DCMS Contingency Support Plan 9730-10, medical response and support capabilities during complex contingency emergencies and recent response/support operations.

F4 - Keeping Tabs: DoD's Response to Psychological Risks – Lessons Learned from Health Assessments

Col. Robert DeFraitas, MD, MPH, USA; Lt. Col. Hans Ritschard, PhD, USAF; Cmdr. Meena Vythilingam, MD, USPHS

National Harbor 2-3

Over the past 8-10 years, the DoD has administered a deployment health assessment program to service members. This program will be comprised of three shorter presentations: An overview of data obtained from service member PDHRA forms; a review of how these data have been used in making referrals; and how the new DoD mental health assessments will be incorporated into the deployment health assessment program. Participants in this seminar will have an understanding of what the MHS learned from years of pre/post-deployment mental health assessments, along with the “way ahead” implementation of the new deployment mental health assessments.

G4 - The DoD Role in Combating Childhood Obesity

Cmdr. Aileen Buckler, MD, MPH, USN; Lt. Col. Karen Hawkins, DHED (ABD), USA; Lt. Col. Sandra Keelin, MS, USA; Gail Lovison; Lt. Col. Pat McKinney, MD, USA; Barbara Thompson

Baltimore 3-5

As it is nationally, childhood obesity is also a problem within the MHS system. A DoD Childhood Obesity Working Group was formed to address issues brought forth by the First Lady's office related to the Let's Move initiative. This session will discuss the goals and progress of this group.

H4 - The MHS Patient-Centered Medical Home Initiative: Overview of the History, Current Status and Plan for the Near and Far Future

Kenneth Canestrini, MHA, FACHE; Lt. Col. Timothy Kosmatka; John Kugler, MD, MPH; Capt. Maureen Padden, MC, USN; Capt. Christine Dorr, MC, USN

National Harbor 10-11

This session will feature a detailed overview of the PCMH initiative, including history, current status and future course. It will include brief presentations/updates from the perspective of the three services and HA/TMA. The MHS PCMH baseline analysis will be discussed and the future evaluation process will be mapped.

I4 - Health Care Quality and Patient Safety Innovations: Lessons from the Field

Leslie Atkins; Sandra Clark; Barry Cohen, MD; Wendy Cook MSN; Ronnie Holuby, Pharm. D; Lt. Laura Jensen, MAEd, USN; Col. Thomas Langston MS, USAF; Donald Robinson, DO; Sarah Shea, MPH; Kendall Vermilion, MD; Stephen Yamada, MS

Baltimore 1-2

Winners of Healthcare Innovation awards based on readiness, experience of care, population health and responsible management of health care costs will present their innovations. Patient safety awards are given in the areas of teamwork training and skill building, identification and mitigation of risks and hazards, culture measurement, feedback and intervention.

J4 - Part 1: Wounded Warriors Face Special Challenges

Col. Julia Adams, USA; Capt. Constance Evans, NC, USN; Col. John Mayer, USMC; Army Service Rep TBD

National Harbor 12-13

The Patient Perspective: A panel of Wounded Warriors discusses successes, lessons learned and recommendations for process improvement, based on their care coordination experiences, within the direct-care system and upon handoff when discharged from the MTF or transferred to another facility or health care system.

Part 2: Care Coordination is a Key to Success

Capt. Mary Jean Herden, MD, USN; HN Geoffrey Hosterman, USN; USMC Patient Rep TBD; Army Patient Rep TBD

The Service Perspective: A panel of service and JTF CAPMED staff discusses each service's Wounded Warrior Program. They identify unique aspects that must be maintained, and the potential for program commonalities to be used in subsequent development of best practices across the spectrum of care.

K4 - The Emergency Department Epidemic: Repeatable Strategies That Drive Change Through Application of Cutting-Edge Tools and Techniques

Karen Gausman, MSN; Arthur Kellermann, MD, MPH; Kris Large, RN; Karla Loper, MNS; Rear Adm. Alton Stocks, MD, USN; Col. Eric Stone, USAF

Maryland D

The emergency department usage is at epidemic levels in both the military and civilian health care systems. In this presentation you'll receive an overview of the problem's extent in the civilian sector and what some systems are doing to address it. The Tidewater Multiservice Market analysis will be discussed in depth, as an example of a templated and reproducible model to drive decision making—particularly in overlapping catchment areas using national best practice analysis and interventions, policy considerations and multi-stakeholder collaboration .

L4 - Total Force + TRICARE = MHS Commitment to Reserve Warriors and Their Families: Before, During and After Deployment

Richard Bannick, PhD; Jody Donehoo, PhD

Maryland A

The availability of and access to the continuum of TRICARE health coverage for the National Guard and Reserve will be described in detail, with an analysis of the basic benefit, utilization by beneficiaries and challenges of program management.

2:30 p.m. – 3:00 p.m.

Break on Your Own

3:00 p.m. – 3:45 p.m.

A5 - Paying for Value and Other Innovations in Contracting/Acquisition

Michael Fischetti

Maryland B/4-6

The Military Health System is one of the largest purchasers within the DOD; contracting for health services, pharmaceuticals, personnel, technology and other services will be highlighted during this session as well as innovations to assist the MHS in acquiring better ways to pay for value driven health care.

B5 - Trust: The Piece That's Missing

Claudette Elliott, PhD

Chesapeake 4-6

What improves the bottom line, makes processes faster and more efficient, drives down cost, causes employees to become engaged and improves customer satisfaction? Find out the myths, the truth and where you stand. Discover your own beliefs and skills in creating the glue that holds everything together.

C5 - DoD/VA Health IT Data Sharing To Benefit Our Patients

Mr. Joseph Gardner III, MA; Lois Kellest, MBA; Katharine Murray

Maryland C

Panel members will discuss ongoing health information technology sharing efforts between DoD and VA that support better health care and transition for our wounded, ill and injured service members and veterans.

D5 - Telemedicine: Making a Difference in Health Care – from Theater and Garrison to Future Applications

Raymond Folen, PhD; Greg Gahm, PhD; Col. Ronald Poropatich, MD, USA

Annapolis 3-4

Attendees to this session will be provided with insights in the following areas: An overview on telemedicine in OEF and OND to include TBI and behavioral health care, virtual behavioral health program at TAMC and other general uses of telemedicine for behavioral health and emerging research and technologies of telemedicine that address TBI and psychological health

E5 - Building Partnerships (as a Joint Capability Area)

Cmdr. Timothy Donahue, MD, USN; Maj. Oscar Friendly, USA; Col. Mylene Huynh, MD, MPH

National Harbor 4-5

Recent DoD's shift in strategy toward global partnerships and prevention of conflict (as mean to achieve security) has resulted in greater emphasis on projection of non-kinetic or "soft" power such as Global Health Engagement. Both the 2006 and 2010 Quadrennial Defense Reviews place an emphasis on Building Partnerships as a strategy to achieve security and prevent war. Building Partnerships is the newest Joint Capability Area. This presentation will discuss how Global Health Engagement contributes to Building Partnerships and explore readiness capabilities to effectively contribute to Building Partnerships missions.

F5 - Putting it All Together: The DoD/VA Integrated Mental Health Strategy

Sonja Batten, PhD; Capt. Robert DeMartino, MD, USN

National Harbor 2-3

Coordination is key to success! DoD and the VA collaborated on 28 strategic actions in four strategic areas to develop an integrated mental health strategy that will create significant synergy, enhance quality of care, and improve continuity and effectiveness throughout our systems. Topics include mental health screening policies and procedures, training in evidence-based psychotherapies, shared best practices, and education and coaching for families. In this session, participants will understand the new DoD/VA Integrated Mental Health Strategy, its implementation, impact and way ahead.

G5 - Building Trust in the Care Experience

Fredrick Larson, HQE

Baltimore 3-5

Positive interpersonal skills are a necessity, while understanding the promises we make and the expectations they create. We effectively integrate the complex components of today's care experience. Our goal is a culture of trust, where commitments are acknowledged and kept. Optimal patient experience is our core mission objective.

H5 - PCMH: Making Cultural Change Real – Shifting Paradigms and Changing Roles

Fred Mael, PhD; Capt. Maureen Padden, MD, USN

National Harbor 10-11

Implementation of the PCMH requires significant transformation of practice and management of the stress of change. The culture inherent to the practice of primary care must be overhauled. This session will explore how you get people past policy to successful execution and the challenge of sustainment of transformative change.

I5 - Current Trends and Initiatives in Quality Across the United States

Carolyn Clancy, MD

Baltimore 1-2

The session presented by the Director, Agency for Healthcare Research and Quality, identifies what is happening across the United States in health care quality, disparities in care and the potential impact of health care reform.

J5 - Successes in Wounded Warrior Rehabilitation Care and Links to Evidence-Based Practice and Design (Part 1 of 2)

Mark Fleming, DO; Col. Paul Pasquina, MD, USA; Maj. Benjamin Potter, MD

National Harbor 12-13

Since military operations began in Iraq and Afghanistan, over 1,100 service members sustained a major limb amputation – 20% of them losing more than one limb. This unique group of patients requires specialized medical, surgical and rehabilitative care, utilizing the latest advances in technology to help promote successful return to duty and community reintegration.

K5 - Managing Per Member Per Month (PMPM) expenses at Military Treatment Facilities: Findings Regarding Variation and the Drivers of Increasing Cost

Bob Opsut, PhD

Maryland D

Your MTF is rising in PMPM. What is causing it? This session will provide information on the rising PMPM costs characteristic in the MHS and how to conduct a drill-down analysis to determine causes.

L5 - TRICARE Dental Programs

Col. Jeff Chaffin, USA, DDS

Maryland A

The new TRICARE Dental Program for the active duty was initiated this year. Major aspects of the program will be discussed as well as performance to date. Updates for the family member and retiree programs will be discussed also.

3:45 p.m. – 4:15 p.m.

Coffee Break, Exhibit Hall

4:15 p.m. – 5:00 p.m.

A6 - VA and DoD Operating as One: The James A. Lovell Federal Health Care Facility

Capt. David Beardsley, USN; Patrick Sullivan

Maryland B/4-6

The James A. Lovell Federal Health Care Facility is now operating as an integrated VA-DoD hospital. The challenges faced and overcome in bringing this initiative to fruition have broad applicability for larger efforts to promote integration across the DoD and VA across the country. Case examples of cultural, technical and process issues will be discussed as concrete examples of change management.

B6 - A New Vision for Health Education: Molecules to Military Medicine

Alison O'Brien, PhD; Louis Pangaro, MD; Col. Arnyce Pock, USAF

Chesapeake 4-6

Medical schools are struggling to adapt to dramatic changes in science and health care delivery. Leaders of the curricular reform process from the Uniformed Services University will review the rationale and shapes of curricular redesign now sweeping the country and describe evolutionary changes at USU in the basic sciences and clinical curricula.

C6 - Using our Data – Introduction to Strategic Communication: Connect, Collaborate and Communicate!

Col. Douglas Anderson, USAF

Maryland C

Learn about the changes, challenges and solutions for communicating with beneficiaries and stakeholders.

D6 - Advances in Translational Research From Bench to Bedside

Capt. Melissa Kaime, MD, USN

Annapolis 3-4

E6 - Medical Stability Operations

Warner Anderson, MD

National Harbor 4-5

The recent publication of DoDI 6000.16 states that Medical Stability Operations (MSOs) are a core U.S. military mission that the MHS shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including combat and non-combat environments. This presentation will discuss MSO associated concepts, challenges and implications for MHS personnel asked to perform tasks designed to establish, reconstitute and maintain health sector capacity and capability for the indigenous population when indigenous, foreign or U.S. civilian professionals cannot do so.

F6 - Coming Soon to an MTF Near You: Psychological Health Policy Initiatives

John Davison, PhD; Lt. Cmdr. Nicole Frazer, PhD, USN

National Harbor 2-3

Two new DoD psychological health policy initiatives will be discussed: A new requirement for disaster response mental health teams at DoD installations; and a new policy establishing Directors of Psychological Health at DoD, service and installation levels. Participants will understand current/future MHS psychological health policy initiatives and how to implement or interface with them at their level.

G6 - Stitch in Time: Enabling Change Using Computers

Capt. Joseph McQuade, MD, MS, USN

Baltimore 3-5

Naval Hospital Jacksonville automated the collection of data and printing of a Stitch in Time provider reminder to help focus preventive care for our patients at every clinic visit. The form consolidates information from multiple sources including CHCS, AHLTA and the Population Health Navigator.

H6 - The Patient-Centered Medical Home Neighbor: A Critical Concept for a Redesigned Health Care Delivery System

Michael S. Barr, MD, MBA, FACP

National Harbor 10-11

Participants will learn about the PCMH neighbor concept introduced by the American College of Physicians as a necessary component of improving quality, cost and patient experiences with the health care delivery system.

I6 - Health Services Research: Access to MHS Health Care

Lt. Col. Lorraine Babeu, PhD, USA; Richard Bannick, PhD; Mark Ellis, MHA

Baltimore 1-2

This session will provide the results of enterprise-wide analyses of access to, and provider acceptance of, the TRICARE Standard and Extra benefit in private sector care. Results of the congressionally-directed survey of civilian provider acceptance of TRICARE Standard and Extra and a companion survey of our beneficiaries will be presented, including preliminary discussion on the relationship of beneficiary satisfaction and access to care standards

J6 - Successes in Wounded Warrior Rehabilitation Care and Links to Evidence-Based Practice and Design (Part 2 of 2)

Col. Paul Pasquina, MD, USA

National Harbor 12-13

K6 - Effective Contracting: Trends and Lessons Learned from the Army's Health Care Acquisition

Col. Scott Svabek, MA, USA

Maryland D

HCAA will present a briefing on the current state of medical contracting; covering trends and lessons learned from current and future MHS/MEDCOM requirements. These activities, available to all services, support the SECDEF's goals in efficiencies, better buying power and doing more without more.

L6 - Transitioning to T3 and Lessons Learned in the North Region

Kenneth C. Jacobs, CAAMA; Douglas Williams, MHA.

Maryland A

Part 1 provides a summary transition progress from T-NEX to T-3 and includes a senior level strategic overview of the Concept of Operations for transitioning T-3 Contracts. Key challenges to the T-3 transition process are reviewed. Part 2 discusses the T3 contract actively transitioning in the North Region, with a start of health care delivery on April 1, 2010. The North is one of three regions actively transitioning at this time and, therefore, provides important insights and lessons learned for those regions to follow.

4:30 p.m.

Exhibit Hall Closes

Wednesday Morning, Jan. 26, 2011

8:00 a.m. – 8:10 a.m.

Awards

8:10 a.m. – 10:00 a.m.

Integrating Delivery Systems – Enhancing the Patient Experience

Paul H. Grundy, MD, President, Patient-Centered Primary Care Collaborative and Global Director of Healthcare Transformation, IBM

Vice Adm. John M. Mateczun, MD, USN, Commander, Joint Task Force National Capital Region Medical

Donald M. Berwick, MD, MPP, President and Chief Executive Officer, Institute for Healthcare Improvement

Michael Phillips, MD, Section Head of Imaging Sciences and Vice Chairman of Research and Academic Affairs in the Imaging Institute of Cleveland Clinic

11:30 a.m. – 1:00 p.m.

Lunch on Your Own

Wednesday Afternoon, Jan. 26, 2011

1:00 p.m. – 2:30 p.m.

A7 - Part 1: Incentivizing Patient and Provider Behavior: Lessons Learned From Civilian Experience

Prof. Jon Gruber

Maryland B/4-6

Moving away from pay for volume to pay for value has been difficult; getting people to adopt healthy behaviors is even more challenging. Early efforts to implement provider and patient incentives have yielded mixed results. Professor Jon Gruber, a leading health care economist, will discuss pay for value and its application in civilian systems. He will also comment on MHS efforts to implement pay for value.

Part 2: Incentivizing Quadruple Aim Performance: Initial Results of the MHS Performance Planning Pilots

Capt. Maureen Padden, MD, USN

Seven MTFs have embarked on a pilot effort to test a new approach to “business planning.” The reimbursement method includes both incentives for quadruple aim performance and capitation for those sites with patient-centered medical homes. The session will describe the design and process for developing performance plans.

B7 - Joint Enlisted Training Through DoD – The New Paradigm

Chief Master Sgt. Teresa Denton-Price, MA; Larry Hanson, DDS; Rear Adm. William R. Kiser, MD, MBA, MSS, USN; Master Chief Rory Miller, USN; Sgt. Maj. Anthony Stevens, USA

Chesapeake 4-6

The Medical Education & Training Campus (METC) - State of the Present & Way Ahead. Result of BRAC legislation to co-locate enlisted technical training in the Army, Air Force and Navy to Fort Sam Houston, Texas. METC is a DoD-integrated campus with more than 55 programs of study.

C7 - Big Things on the Horizon for the MHS Electronic Health Record and Communicating with Our Partners

George Chambers, MEA; Debra Fillippi; Peter L. Levin, PhD, SES; Michael Lincecum; Stephen Ondra, MD SES

Maryland C

Panel members will describe future plans for the Electronic Health Record to benefit our patients and achieve meaningful use of our information technology. The presentation will describe the progress and future of President Obama’s Virtual Lifetime Electronic Record (VLER) project and how it will affect attendees.

D7 - Advances in Research on Rehabilitation and Regeneration

Anthony Atala, MD; Col. Janet Harris, USA; Jason Wilken, PhD, MPT

Annapolis 3-4

This session will provide an overview of the DoD clinical and rehabilitative medicine research program, advances in clinical rehabilitation and innovations in prosthetics and advances in tissue regeneration.

E7 - Enroute Critical Care and Joint Theater Trauma System (JTTS)

Part 1: Enroute Critical Care

Col. Beverly Johnson, MSN, USAF

National Harbor 4-5

The presentation will demonstrate the evolution of the capability to move critically injured and ill patients and how it has re-shaped the size and face of military medicine during wartime.

Part 2: Joint Theater Trauma System (JTTS)

Col. Brian Eastridge, USA

The presentation will provide a strategic level overview of the JTTS, its components and implications of utilization to the drive and development of medical policy, doctrine and capabilities.

F7 - DoD's Response When Psychological Health is Failing: Lessons Learned from Suicide Experiences

Col. John Bradley, MD, USA; Col. George Patrin, MD, FACHE, USA; Col. Rebecca Porter, PhD, USA

National Harbor 2-3

Addressing suicide continues to be a top priority for DoD. This panel discussion will provide overviews of recent reports from the Defense Health Board and the Department of the Army, as well as a survivor's and clinician's perspective on how suicide prevention efforts can be enhanced within the Department. Participant will better understand service suicide prevention initiatives and application to their practice.

G7 - Part 1: Using Design to Make the Healthy Choice the Easy Choice – A Practical Workshop

Kent Lawson; Douglas Solomon, PhD, MPH

Baltimore 3-5

Patients make choices in an environment with many influences on their decisions. We will describe simple practical tools used to help “nudge” people to make better choices. The leading design firm IDEO will highlight work with CDC and Kaiser Permanente developing products and processes to help people make healthier choices.

Part 2: Helping the Military Family Adopt Healthy Behaviors

Jeffrey Rhodes, D.Min.; Evette Pinder, MPH

Guidance from the Chairman, Joint Chiefs of Staff and the Deputy Secretary of Defense to promote health-of-the-force and job engagement led The Defense Centers of Excellence to develop an “Employee Wellness” program. This presentation addresses development of the program, component selection, participation rates and impact on employee families.

H7 - Part 1: PCMH: Keys to Success and Lessons Learned from the Most Successful Civilian Health Care Organizations

Jaewon Ryu, MD, JD

National Harbor 10-11

A representative from a successful civilian health system will provide participants with insight, lessons learned and best practices identified from implementing the PCMH within their own organization. Topics will revolve around: Systems, operations, patient satisfaction, provider satisfaction, change management, leadership and communication strategies.

Part 2: Getting Enrollment Right — Perspectives from MHS and Civilian Health Care Systems

Kenneth Canestrini, MHA, FACHE; Capt. Maureen Padden, MC, USN

The patient enrollment process is a critical component of a successfully operating PCMH in the MHS setting. From the MTF perspective, alignment of enrollment with MTF capacity is critical to providing timely access and continuity of care. Military Medicine's turbulence requires more monitoring of provider availability to ensure MTF is meeting its commitment to enrolled beneficiaries. Key resources: PCM Capacity assignment report (TOC), PCM Panel Reports (DMDC) and Enrollment Capacity Model (CMS).

I7 - Evidence-Based Design – High Tech Meets High Touch: Smart Suite Technology in the New Fort Belvoir Community Hospital Will Help Redefine How We Deliver Inpatient Care

Capt. Kevin Berry, MD, USN; Kathleen Ford; Rick Repeta, MD, MPH, MBA

Baltimore 1-2

Evidence-Based Design: Learn how evidence-based design is making a difference. Evidence-based design is the conscientious, explicit and judicious use of current best evidence from research and practice in making critical decisions about design to improve health, care, readiness and cost. Smart Suites. Patients, family, clinicians, support staff, devices, beds, rooms, information – all connected. The real and virtual converge. Smart Beds, Smart Rooms, Smart Suites empower patients, families, and clinicians, helping bring the right information at the right time to the right place to achieve the best possible health outcome.

J7 - The Capacity Model in Orthopedic Trauma

Elisa Kepner, MESE; Col. Paul Pasquina, MD, USA

Maryland A

As the Military Health Care System continually balances its multiple missions, its first priority must always be to provide safe and effective patient care. Understanding the variables that affect a military treatment facility's capacity helps health care leaders optimize care programs and influence the medical regulation of military trauma patients.

K7 - Process Improvement Success Stories

Part 1: Optimizing Third-Party Collections

Part 2: Optimizing Referral Management in a Multi-Service Market

Scott Graham; Hugh Keel, MHA

Maryland D

Having trouble with third-party collections? In 2006, Tripler's billed to collected ratio was only 41 percent. So Tripler undertook a critical examination of its revenue cycle process and how it could be re-engineered. Come learn about the processes Tripler employed to increase its third-party collections by \$3,789,945. Appropriately managing specialty care referrals to multiple MTFs and the private sector system is extremely complex, with unique challenges in patient follow up and clear and legible resulting ... but a critical aspect of our health care delivery system. This presentation will provide an overview of how a multiple service market is succeeding in referral management, improving referral accountability, recapturing care and provide insight in how these successes may be applied to any size MTF.

L7 - CLR: Planning and Implementation for T3

Capt. Yvonne Anthony, M.Ed, MSN, USN; Sonyo Graham; Lt. Cmdr. Daryl Holder, USN; Martha Lupo; Maj. Ted Rhodes, USAF; Capt. Andrew Spencer, USN

Maryland A

The responsibility for retrieving consultation results from network providers becomes the responsibility of the MTF in T3. The session will focus on how the course of action, relevant policy, staffing and IT solutions were developed to guide this process and provide insight into how the CLR process is actually standing up in the North region.

2:30 p.m. – 3:00 p.m.

Break on Your Own

3:00 p.m. – 3:45 p.m.

A8 - Medical Material Standardization for Initial Outfitting and Transition

Russell Pendergrass

Maryland B/4-6

For the first time in MHS history, a comprehensive, validated list of required equipment for a tertiary care medical center and an enhanced community hospital has been created. The Initial Outfitting and transition contract, the inventory process, along with equipment installation, and testing were standardized to ensure patient safety and save expenses during a complex transition.

B8 - Hospital Corps University: HMU

Senior Chief Michael Holmes

Chesapeake 4-6

Hospital Corpsman University: From the Classroom to the Bedside. Managing a bedside training program that supports operational, inpatient and outpatient care; national standards for accreditation; patient safety goals; and personal readiness. Attendees will learn how Naval Hospital Jacksonville developed and implemented this program and benefits and how you can also.

C8 - Fusing Technology Tools, Clinical Workflow Redesign and Team Solutions to Achieve the Patient-Centered Medical Home

Lt. Col. Nicole Kerkenbush, MHA, MN, USA

Maryland C

Learn how the European Regional Medical Command is taking a suite of information technology tools to the provider's desktop to improve satisfaction, productivity and clinical care. Technology tools, workflow redesign and team approaches that are being used to implement the patient-centered medical home will be described.

D8 - Cutting-Edge Multi-Disciplinary Care for the TBI Patient: National Intrepid Center of Excellence

Thomas Degraha; James Kelly, MD

Annapolis 3-4

E8 - Guard and Reserve Readiness and Operations Support

Maj. Gen. Richard Stone, MD, USAR

National Harbor 4-5

The presentation will include an overview of current medical readiness areas of effort and the RCRHRP soldier medical readiness campaign lanes of effort, issues and lessons learned.

F8 - Successful Treatments: Complementary and Alternative Therapies for PTSD

Nisha Money, MD, MPH, ABIHM; Miguel Roberts, PhD

National Harbor 2-3

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury was created to develop and disseminate best practices throughout the department. Participants will become familiar with current evidence-based treatments for mental health conditions and will review approved complementary and alternative medicine approaches to treating PTSD and depression.

G8 - Can We Really Get Our Patients to Change Unhealthy Behaviors?

Col. Heidi Warrington, BSN, MPH, ARNP-BC, USA

Baltimore 3-5

Overview of where current science is regarding patient change strategies, what works and what does not, and considerations for clinicians when deciding which change strategies to use given time constraints with patients.

H8 - The Patient as Partner – Putting the Patient on Your Care Team

Dave deBronkhardt

National Harbor 10-11

Dave deBronkhardt brings a vivid, personal story of how he, along with his physician and health care team, responded to a grim diagnosis and helped share a new model of patient-provider partnership; one of true equals, one leading to a revolution in patient care.

I8 - MHS Enterprise-Wide Survey Results: Now and in the Future

Lt. Col. Lorraine Babeu, PhD, USA; Richard Bannick, PhD; Kimberley Marshall, PhD

Baltimore 1-2

This panel will discuss how beneficiaries rate various aspects of their direct and purchased health care services, and provide comparison to private sector care users. Attendees will be able to differentiate different aspects of health care surveyed, including inpatient, outpatient and transition care for our wounded, ill and injured service members.

J8 - Safe Transitions from Hospital to Home

Carol Barnes, MS; Jan Dorman, MA, RPT, MBA; Linda Trowbridge, MBA

National Harbor 12-13

This presentation will describe an innovative, evidence-based care transitions improvement program which integrates the patient perspective and bridges hospital, home health and outpatient services successfully reducing readmissions and improving the patient care experience. Participants will learn how Kaiser Permanente is using new techniques of video ethnography and readmission diagnostics to motivate improvement and to design person-centered care.

K8 - Multimarket Analysis: A Case Study & Applicability to Other Markets

Capt. Steven Keener, MBA, USN; Mark Stevenson, MS

Maryland D

The authors review a Multi Service Market's longitudinal data in devising a tractable econometric model when planning for optimal health care delivery. Their comprehensive analysis of panel data suggests a practical approach in addressing the elasticity of demand for approximately 574,000 beneficiaries in the National Capital Area.

L8 - TRICARE Operations and Policy Update

Mark Ellis, MHA; Carol McCourt

Maryland A

The relevant impacts of health care reform, current benefit and program changes under T3 will be discussed.

3:45 p.m. – 4:15 p.m.

Coffee Break, Exhibit Hall

4:15 p.m. – 5:00 p.m.

A9 - How The Institute for Healthcare Improvement Promotes Knowledge Management

Carol Beasley

Maryland B/4-6

The Institute for Healthcare Improvement (IHI) will describe how collaboratives can catalyze intensive front-line improvement. This model is used by organizations like the MHS who are committed to achieving sustainable change within specific topic areas. Through shared learning, teams work with each other and faculty to rapidly test and implement changes that lead to lasting improvement.

B9 - Air Force Medical Modeling and Simulation: Bringing Virtual Reality to Reality

Col. Deborah Burgess, MD, USAF

Chesapeake 4-6

There's a new buzz word floating around government IT: Cloud computing. You might ask, "What is cloud computing?" Well, let's describe a hypothetical situation. Suppose you need to access a document that a colleague worked on, but the colleague is unavailable. With the traditional method of data storage, you'd have to wait until your colleague could send you the document. But with cloud computing, the document can be accessed from the cloud — anytime, anywhere. Now expand that example beyond documents. Think large files, programs, even entire computer systems. That's cloud computing.

C9 - Achieving Meaningful Use Going Forward with the EHR and Integrated Service-lead Initiatives

Lt. Col. Nicole Kerkenbush, MHA, MN, USA; Robert Marshall, MD, MPH, MISM; Col. Tod Russell, MD, USAF; Capt. Michael Weiner, DO, MSM, MSIST, USN

Maryland C

This panel will discuss how the MHS will and does achieve meaningful use through the use of the combined MHS EHR and via the associated health IT component.

D9 - Innovations in the Nationwide Health Information Network Relative to the MHS

Steve Steffensen, MD

Annapolis 3-4

E9 - A Warrior in Transition: A Four-Year Case Study Update

Stephen McCullough, MS; Col. George Patrin, MD, FACHE, USA

National Harbor 4-5

This “Medically Not Ready” case study reveals need for procedural culture change in support of today’s WW and his family, from the soldier and commander’s perspective, with lessons learned about cognitive dissonance, group think and attribution theory. Board process review highlights this struggle to overcome pain and disability to remain on active duty.

F9 - A Systems View of MHS Mental Health Services

Mike Dinneen, MD, PhD; Prof. Debbie Nightingale

National Harbor 2-3

The mental health of service members and their families is currently of paramount concern due to its impact on military readiness and individual well-being. The MHS has made significant investments in improving the value of the research associated with the provision of mental health services. The research presented in this session will address the challenges of understanding the total MHS system of care for providing psychological health services, through the use of an enterprise systems approach. At the end of this session, the participant will be able to understand systemic influences on the MHS response to PTSD.

G9 - Social Media as a Platform for Behavior Change

David Hale

Baltimore 3-5

Social media crosses health literacy barriers as well as the digital divide and represents a paradigm shift in patient/provider interaction with and utilization of health information. This session examines current research showing increased social media utilization for health information seeking across all demographics and how services such as Facebook and Twitter are becoming platforms for behavior change.

H9 - Best Practices in Access to Care: How the Most Successful Clinics are Improving Both Access and Continuity

Capt. Maureen Padden, MC, USN

National Harbor 10-11

The PCMH challenges us to enhance access to care through use of advanced access scheduling, expanded hours and new options for communication between patients and the care team. Improved access to care doesn’t just happen, rather, successful practices carefully analyze capacity and demand, simplify appointing templates and establish meaningful business rules.

I9 - Health Care Utilization and Cost Associated with Cluster of Chronic Conditions

Diana Jeffery, PhD

Baltimore 1-2

The results of HPA&E studies on Health Care Utilization and Costs associated with Clusters of Chronic Diseases will be presented. The studies examined prevalence, health care utilization, and estimated costs of multiple chronic conditions (MCC) among TRICARE beneficiaries, age 18 - 64. The management of MCC supports the need for patient-managed care.

J9 - Disability Evaluation System (DES) Update

John R. Campbell, MBA

National Harbor 12-13

This session describes the current status of recent changes in the Disability Evaluation System (DES). It compares the legacy DES to the Integrated DES (formerly known as the Pilot DES). It covers improvements designed to reduce the time involved in claims adjudication to better support wounded warriors and their families, and improve the consistency of the process across the services.

K9 - Process Improvement Success Stories: Impacting PMPM Through Strong Clinical Management

Capt. Mark Brouker, Pharm. D, USN; Col. Robert Goodman, USA; Col. Don Hickman, USAF

Maryland D

Strong clinical management intrinsic with decreasing variation has an impact on PMPM. This presentation will highlight three service examples of MTFs who have achieved a PMPM impact by impacting clinical management.

L9 - Initial Report for the T4 Generation Study Group – What Does the Future Hold for the MHS?

Guy Clifton, MD

Maryland A

The MHS has recently assembled the TRICARE “Fourth Generation” (T4) Study Group to evaluate options and opportunities for the design of the future military health care delivery system to provide the best possible health care for military beneficiaries from 2015 onward. This is expected to be a multi-year effort, with first year focused on developing the academic foundation and strategy for a five-year procurement cycle. This session will provide an overview of the group’s approach, initial findings, next steps and way-ahead for the MHS.

Thursday Morning, Jan. 27, 2011

8:00 a.m. – 8:10 a.m.

Awards

8:10 a.m. – 9:30 a.m.

MHS Contributions to the Advancement of Health Sciences Research Symposium

Maj. Gen. James Gilman, MD

Representatives from the Army, Navy, Air Force and HA/TMA

9:30 a.m. – 10:00 a.m.

Coffee Break, Potomac Foyer

10:00 a.m. – 11:30 a.m.

Activating Patient, Achieving Population Health

Rear Adm. Christine S. Hunter, MD, USN, Deputy Director, TRICARE Management Activity

Rear Adm. Mark J. Tedesco, MD, Chief Medical Officer, U.S. Coast Guard and Director, Health, Safety and Work-Life

Steven Spear, Senior Lecturer, Massachusetts Institute of Technology, Senior Fellow, Institute for Healthcare Improvement

Jonathan Woodson, MD, Assistant Secretary of Defense for Health Affairs

11:30 a.m. – 1:00 p.m.

Lunch on Your Own

Thursday Afternoon, Jan. 27, 2011

1:00 p.m. – 4:00 p.m.

Service Breakout Sessions

Army, Hosted by Lt. Gen. Eric B. Schoomaker, MD, PhD, Surgeon General of the Army

Navy, Hosted by Vice Adm. Adam M. Robinson Jr., MD, Surgeon General of the Navy

Air Force, Hosted by Lt. Gen. Charles B. Green, MD, Surgeon General of the Air Force

Coast Guard, Hosted by Rear Adm. Mark J. Tedesco, MD, Chief Medical Officer, U.S. Coast Guard and Director, Health, Safety and Work-Life

